

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DM</i>	<i>H</i>	04-11-01
O.I.P.E. CLASSIFIER	<i>MM</i>	572	05-11-01
FORMALITY REVIEW	<i>A.M</i>	TC 580	07-24-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓ 4/14/01
2	✓
3	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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1-5-01
5/14/01
50-57